

Name in Full

Certificate of Death

Lewis Barlow -

Town

County

MARYLAND

Died at

Mount View

Howard -

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

May - 20

Age

57-5-10

Howard

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Mary Elizabeth Horwath -

Wife

Father's

Name

Joseph Barlow

Mother's

Maiden Name

Anna Horwood -

Cause of

Primary

Erysipelas

How long sick

14 days

Death

Immediate

Lytic Absorption

Accident, Suicide, Homicide

Reported by

Jesse Stark &amp; Son -

Address

West.

Friendship

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 75000



Name  
in  
Full

Infant

## CERTIFICATE OF DEATH

24

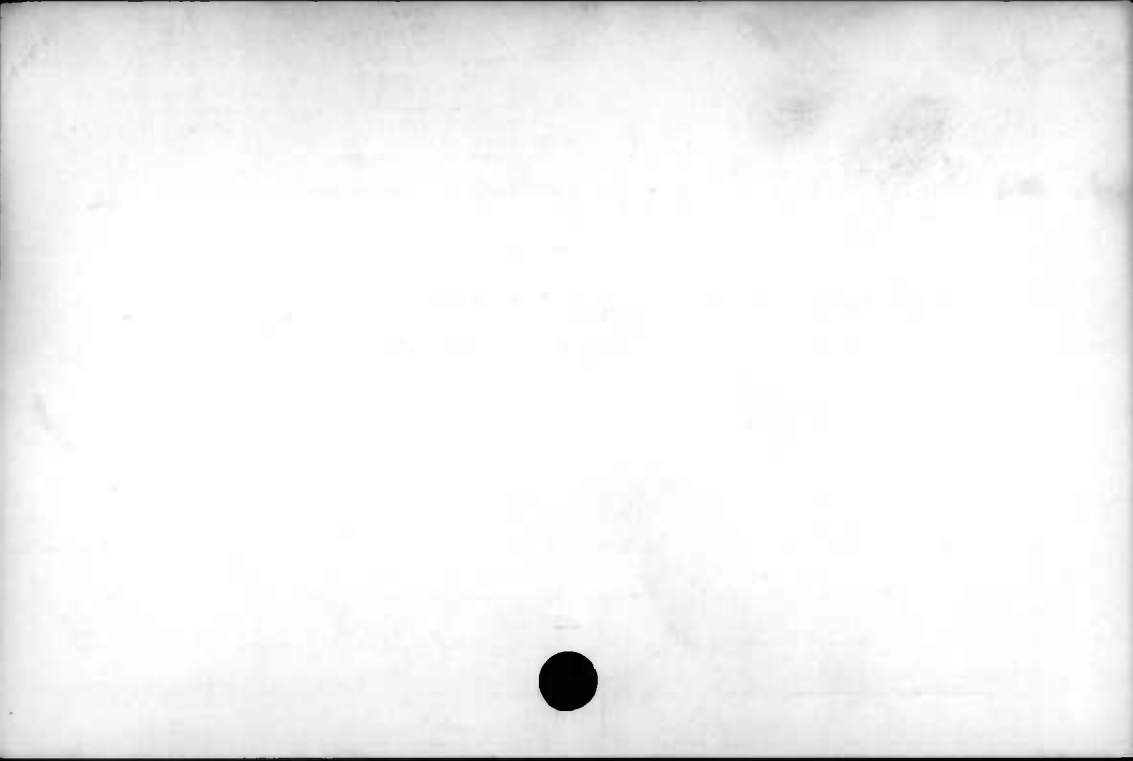
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lisbon</u> Town		<u>Howard</u> County		MARYLAND	
Date of death 190 <u>8</u>	Month <u>May</u>	Day <u>22</u>	Age <u>—</u>	Months <u>—</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Lisbon, Md.</u>			
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Mary Clinton Brightwell</u>			Father's Birthplace <u>Cornell La. Md</u>		
Mother's Maiden Name <u>Ella May Allen</u>			Mother's Birthplace <u>" " "</u>		
Name of person giving information <u>Mary Clinton Brightwell</u>			How related to deceased <u>Sister</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Permatum birth</u>	How long <u>151</u>
Immediate <u>Conventions</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. O. D. Newfield</u>
<u>Yes -</u>	Address <u>Lisbon, Md.</u>
Accident or Suicide?	



Name in Full

*L Burke*

MARYLAND

Died at

Town *Ellicott City* County *Howard*

Date 1903

Month *May* Day *30*

Y. M. D.

Native of

Occupation

Age

*Ind*

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Cooper

Town

County

MARYLAND

Died at

Coltsville

Howard Co

Date 19

03

May 15

Age

Y.

M.

D.

Native of

Occupation

9

U.S.

Infant

Male

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Andrew Cooper

Mother's

Maiden Name

Katie America

Cause of

Primary

Bronchitis

How long sick

3 weeks.

Death

Immediate

90

~~Accident, Suicide, Homicide~~

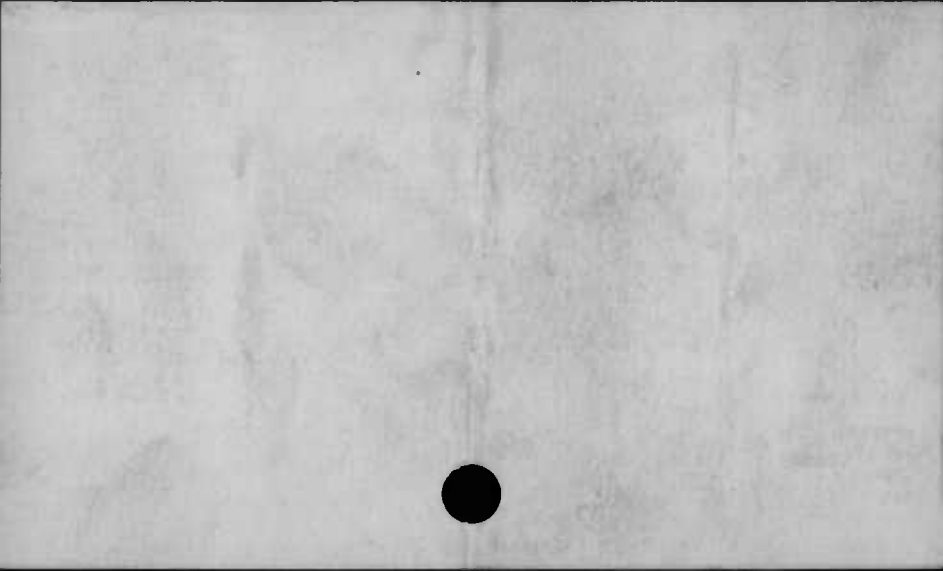
Reported by

J. P. Smith M.D.  
Laurel Md

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 28882





Name  
in  
Full

Thomas Grimes Jones

## CERTIFICATE OF DEATH

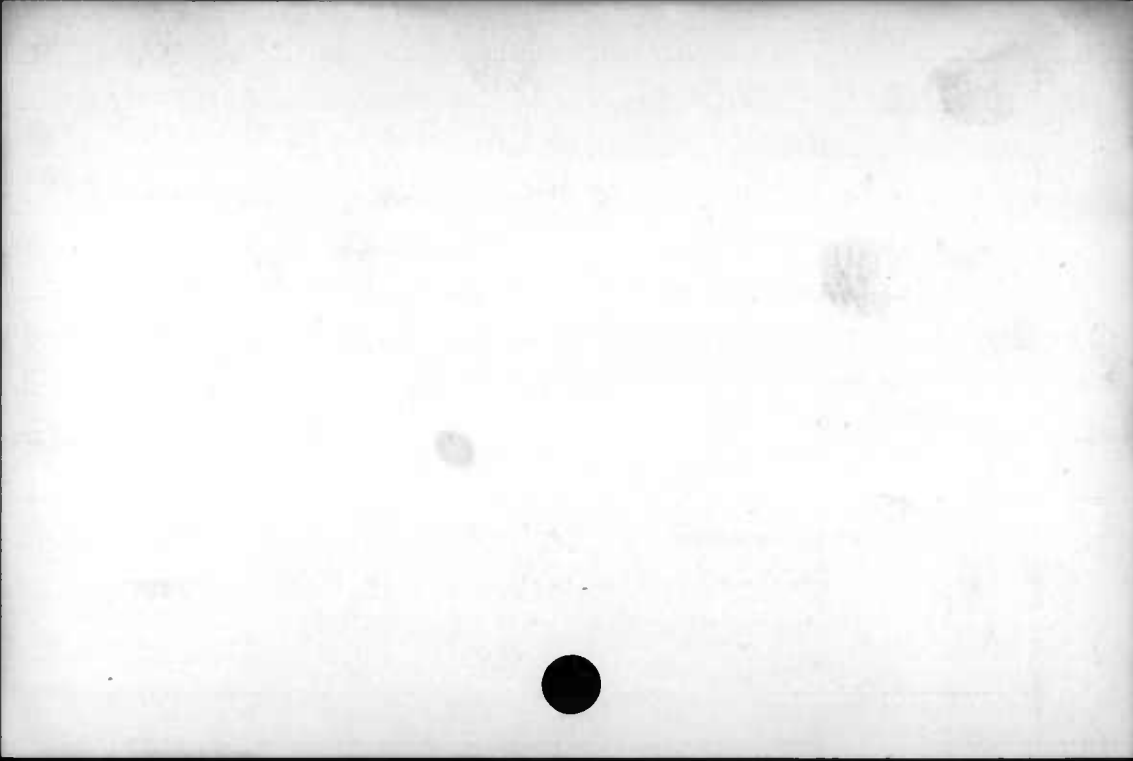
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Carroll's Manor		County Howard		MARYLAND	
Date of death 190 3		Month 8	Day 17	Age 67	Years	Months 6	Days
Sex Male		Color or Race White		Birth- place Masson			
Married, Single or Widowed Single				Occupation			
Name of Wife or Husband Emma A. Brian							
Father's Name Charles A. Jones				Father's Birthplace Ellicott City			
Mother's Maiden Name Emma Brian				Mother's Birthplace Baltimore			
Name of person giving In formation L. Grimes				How related to deceased Not related			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Inflammation of bowels		How long 5 days
Immediate Necrotic & Brain tissue		How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. H. Grimes
		Address Ellicott City
Accident or Suicide?		



Name  
in  
Full

Michael Newbauer

## CERTIFICATE OF DEATH

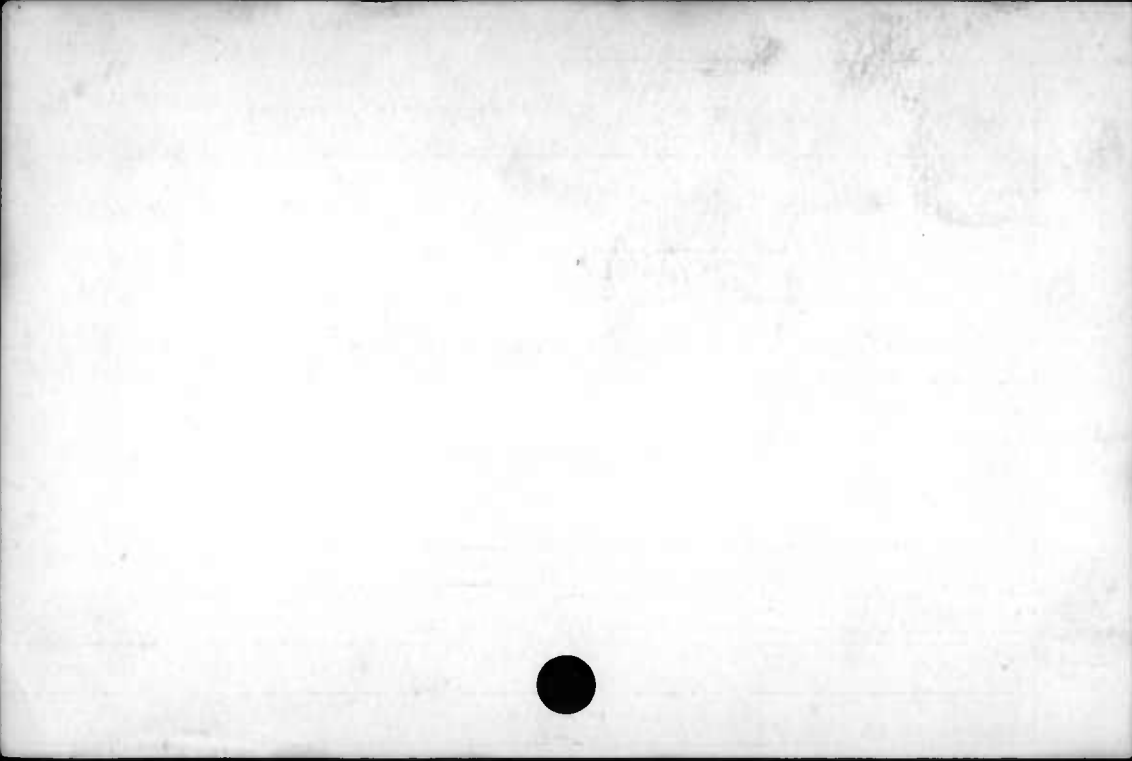
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Orseys</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>May</i>	Day <i>29</i>	Years <i>58</i>		Months <i>4</i>	Days <i>7</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth- place <i>Germany</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>X</i>							
Father's Name <i>X</i>				Father's Birthplace <i>X</i>			
Mother's Maiden Name <i>X</i>				Mother's Birthplace <i>X</i>			
Name of person giving In formation <i>X</i>				How related to deceased <i>X</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dropsy</i>	How long <i>3 months</i>
Immediate <i>Heart failure</i>	How long <i>about 1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison Tongue</i>
	Address <i>Elkridge Md</i>
Accident or Suicide?	



Name  
in  
Full

Ann C. Phelps

## CERTIFICATE OF DEATH

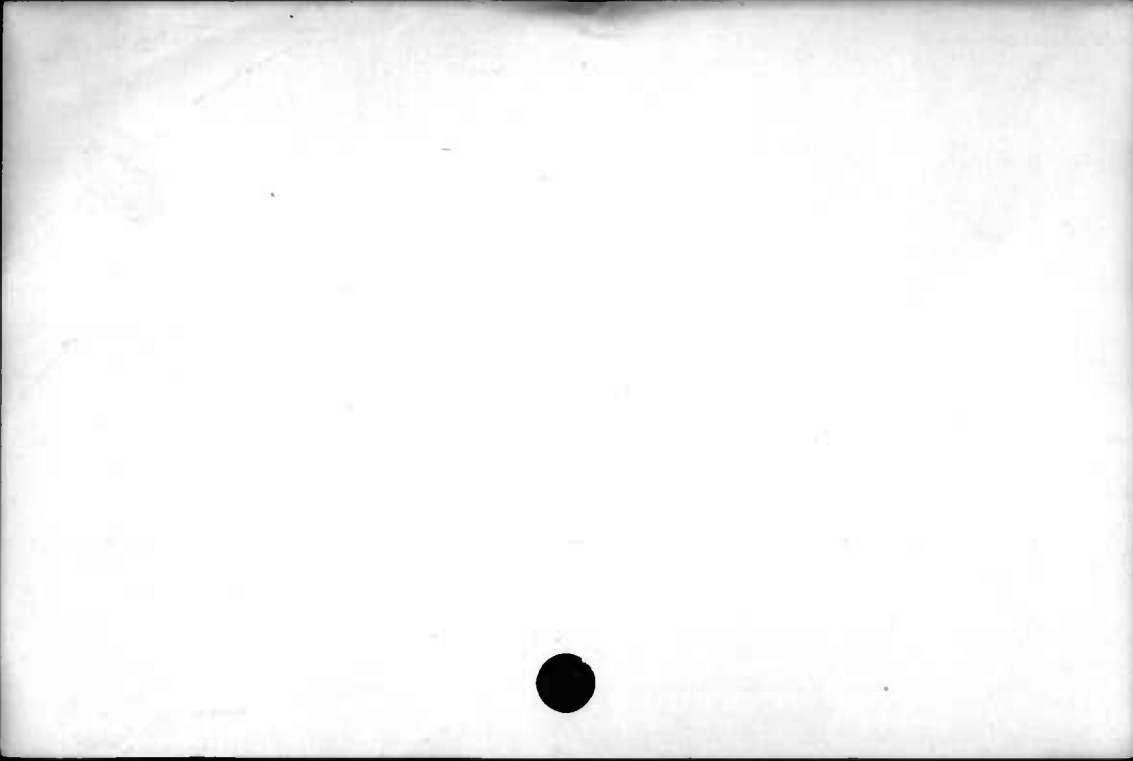
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death 1903	Month May	Day 23 <sup>rd</sup>	Age	Years 64	Months 2	Days 10	
Sex Female	Color or Race white		Birth- place Md				
Married, Single or Widowed		widow		Occupation Housewife			
Name of Wife or Husband		James Phelps					
Father's Name		J. Bryant			Father's Birthplace Md		
Mother's Maiden Name		Sarah Jones			Mother's Birthplace Md		
Name of person giving In formation		R. B. Phelps			How related to deceased Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cirrhosis of liver	How long	10 years
Immediate	Exhaustion	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. H. H. H. M.D.	
Address		Savage	
Accident or Suicide?		no	



Name in Full

Certificate of Death

Abram Porter,

Town

County

Died at

Rover,

Howard County -

MARYLAND

Date 1903	Month	Day	Y.	M.	D.	Native of	Occupation
	May	22	86	10		Maryland	Labourer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	10

Husband of Harriet E. Smith

Wife

Father's Name

Mother's Maiden Name

Cause of	Primary	How long sick
Death	General Debility	6 months
	Immediate Heart Failure + Weakness	Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Charles F. Ridgley

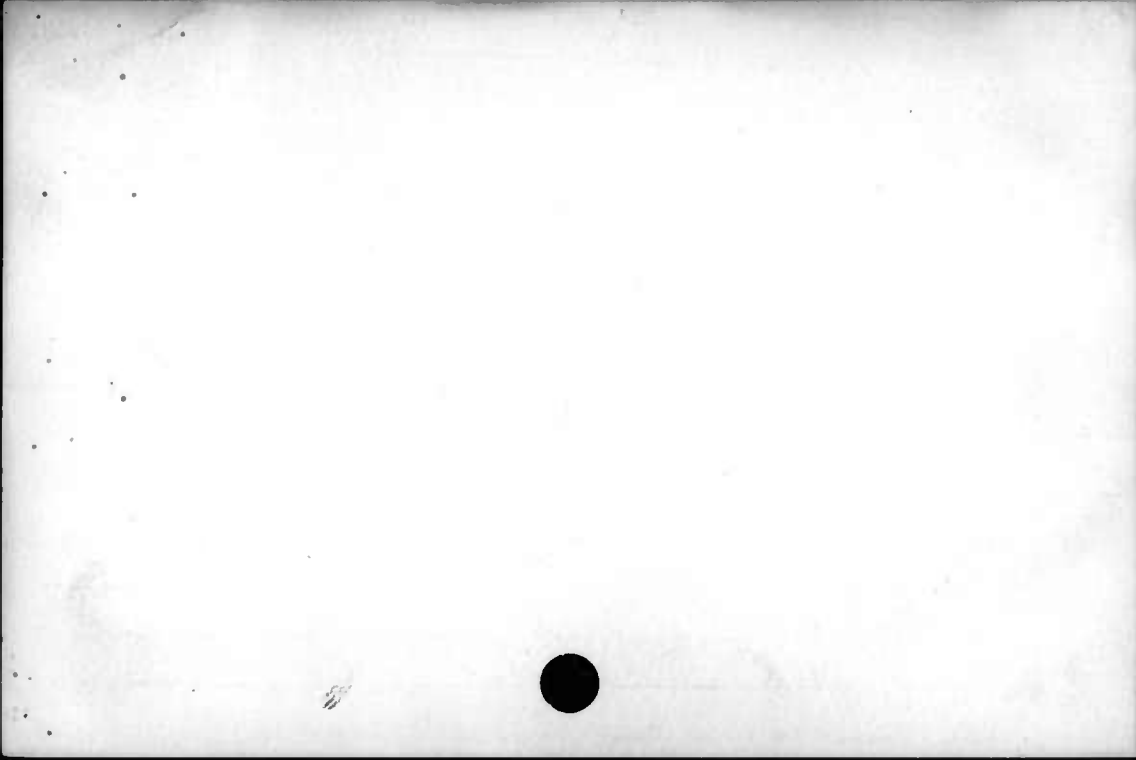
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Poplar Springs</i>		Town		County		Howard.		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days			
	<i>May</i>	<i>4</i>		<i>34</i>	<i>6</i>				
Sex	<i>Male.</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland.</i>		
Married, Single or Widowed	<i>Married</i>			Occupation <i>Farmer.</i>					
Name of Wife or <del>Husband</del>	<i>Daisy F. Ridgley</i>								
Father's Name	<i>Richard Ridgley.</i>					Father's Birthplace	<i>Maryland.</i>		
Mother's Maiden Name	<i>Susan Holland.</i>					Mother's Birthplace	<i>Maryland.</i>		
Name of person giving information	<i>Daisy F. Ridgley</i>					How related to deceased	<i>Widow.</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Meningitis (cerebral) following exposure and cold.</i>		How long	<i>17 days.</i>
	Immediate	<i>Asphyxia</i>		How long	<i>3 days.</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	Signature of Physician <i>J. W. Lacy.</i>	
				Address <i>Lisbon Md.</i>	
Accident or Suicide?		<i>No.</i>			



Name  
in  
Full

Elizabeth R. Snowden

## CERTIFICATE OF DEATH

Town

County

Died at

Glenwood.

Howard.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903.

May.

7

Age

86.

9.

Sex

Female.

Color or  
Race

White.

Birth-  
place

Glenwood, Md.

Married, Single  
~~Widowed~~

Widow.

Occupation

None.

Name of Wife or  
HusbandFather's  
Name

Dr. Gustavus Warfield.

Father's  
Birthplace

Maryland,

Mother's  
Maiden Name

Mary Thomas.

Mother's  
BirthplaceWillet Hall.  
P.O.Name of person giving  
Information

Mrs. W. T. Dorsey

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Fracture of femur. Hat

How long

About 6 months

Immediate

Septic

How long

One week.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

J. W. Lacy.

Address

Linton, Howard Co. Md.

Accident or Suicide?

No.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Carolina Theresa Stinz

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Elk Ridge May 29 Age 72-10-29 Germany Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

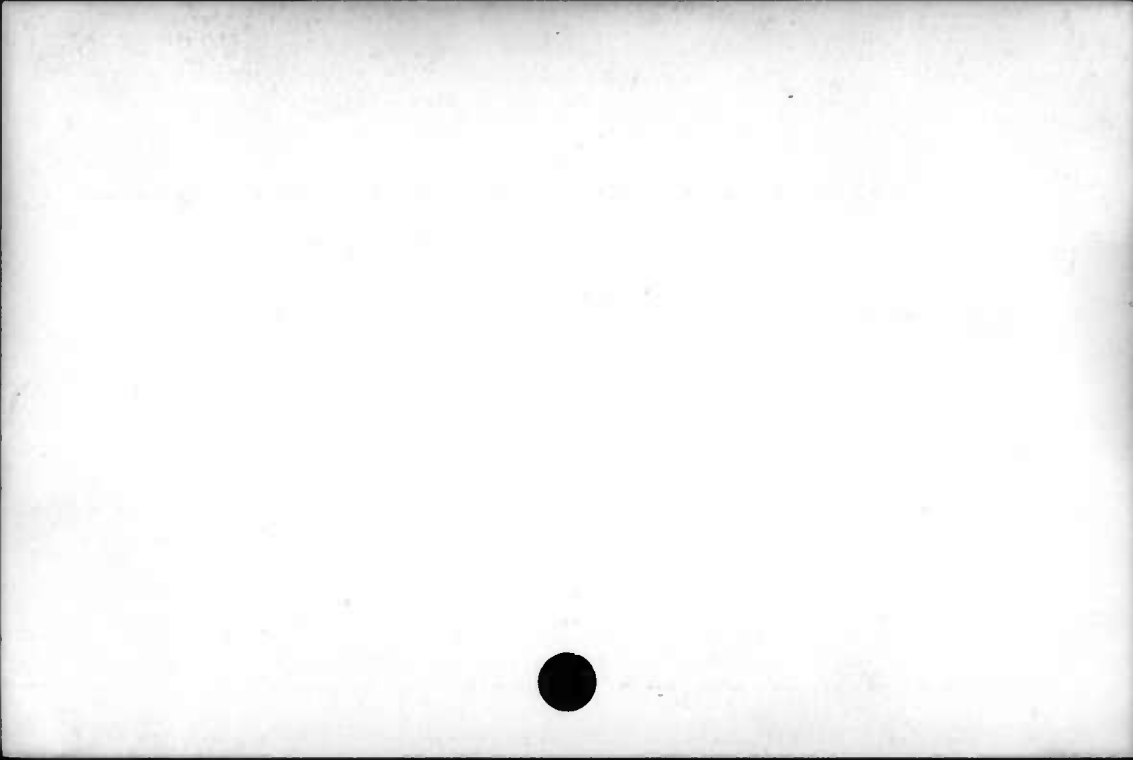
Reported by

Address

Wm R. Eareckson  
Elk Ridge, Md.



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	John Henry Thomas		Howard		MARYLAND	
	Died at Dayton		County			
	Date of death 1903	Month May	Day 15	Age 71	Months	
	Sex male	Color or Race Black	Birth-place Ind			
	Married, Single or Widowed	Married	Occupation Labour			
	Name of Wife or Husband Martha Thomas					
	Father's Name			Father's Birthplace		
	Mother's Maiden Name			Mother's Birthplace		
Name of person giving information S A Nichols			How related to deceased Physician			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Apoplexy			How long 2 weeks		
	Immediate Exhaustion			How long		
	Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician S A Nichols		
				Address Dayton Ind		
	Accident or Suicide?					





Mary Agnes Inghel

Died at <sup>Town</sup> Elk Ridge <sup>County</sup> Howard MARYLAND

Date 1903 May 3 Age Thomas Mayford novel  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living

Husband  
of

Father's Name Benjamin Inghel  
 Mother's Name Annie C Inghel

Cause of Death { Primary Difficult labor with-  
 Immediate injuries resulting therefrom  
 How long sick  
 Accident, Suicide, Homicide

Reported by Arthur Williams M.D.

Address Elk Ridge Howard Co Md



*Mary A. Ward*

Town *Ellicott City* County *Howard* MARYLAND

Died at *Ellicott City*

Date 19*03* Month *May* Day *27* Y. *72* M. *100* D. *23* Native of *Md* Occupation *Housewife*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *Unknown*

Husband of *Wm. Ward*  
 Wife

Father's Name *Unknown* Mother's Maiden Name *Unknown*

Cause of Death { Primary *Epilepsy 109*  
 Immediate *Obstruction of bowels*

How long sick  
 Accident, ~~Suicide~~, ~~Homicide~~

Reported by *William E. Hodges*

Address *Ellicott City, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jessie Marguerite Wittmann

in

Town

County

Died at

Howard

MARYLAND

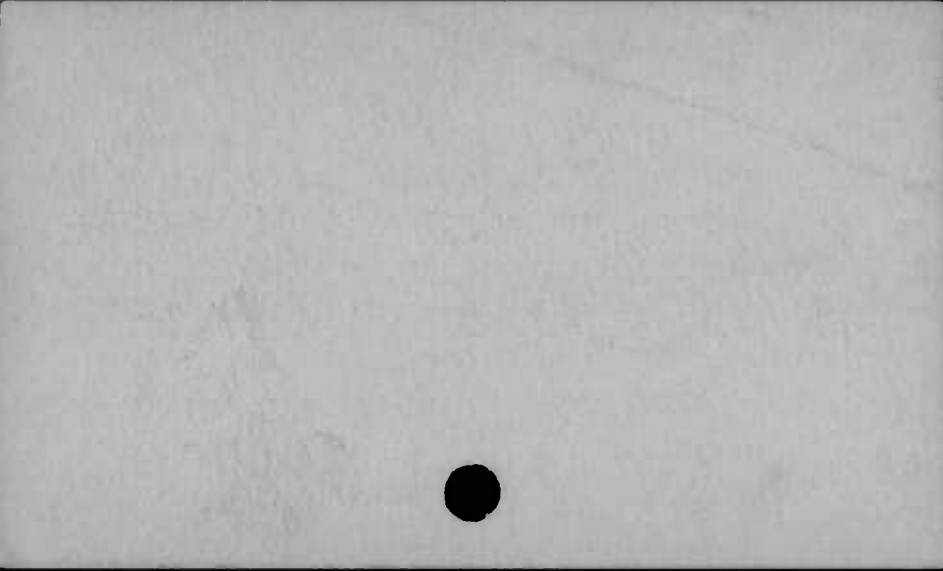
Date 1903 Month May Day 24 Y. 18 M. 18 D. 18 Native of Maryland Occupation housewife  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female Colored ~~Single~~ ~~Widower~~ Number of children living none

~~Wife~~ of Chas J Wittmann 137  
 Father's Name Joseph Adams Mother's Name Annie Adams

Cause of Death { Primary Compd by septicemia Parturition with hemorrhage How long sick 16 days  
 { Immediate Hemiplegia in cordiac embolism Accident, Suicide, Homicide

Reported by Arthur Williams M.D.

Address Elk Ridge Howard Co., Md.



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died <input checked="" type="checkbox"/> <i>in</i> <i>Town</i>	<i>Howard Co</i> <i>County</i>		MARYLAND	
	Date of death 190 <i>3</i> <i>May</i> <i>Month</i>	<i>9</i> <i>Day</i>	Age <i>still Born</i> <i>Years</i>	<i>Months</i>	<i>Days</i>
	Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>in Howard Co</i>		
	Married, Single or Widowed <i>Single</i>	Occupation <i>none</i>			
	Name of Wife or Husband <i>None</i>				
	Father's Name <i>Chas J Wittmann</i>	Father's Birthplace <i>Germany</i>			
	Mother's Maiden Name <i>Jessie Margaret Adams</i>	Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Chas J Wittmann</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Hemorrhage in uterus</i>	How long <i>still Born</i>			
	Immediate <i>Hemorrhage in uterus</i>	How long <i>" "</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur Williams</i>			
		Address <i>Elk Ridge Howard Co Maryland</i>			
	Accident or Suicide?				

